

## Park/Facility Permit Application

## FLATHEAD COUNTY PARKS AND RECREATION

309 FFA Drive - Kalispell, MT 59901 406.758.5800; FAX: 406.758.5888

| PARK NAME:   |                           |  |                           |  |  |  |  |
|--|---------------------------|--|---------------------------|--|--|--|--|
| Date(s) Requested – must include set-up an   | d take down time/days.    |  |                           |  |  |  |  |
| From:  | То                        | :  |                           |  |  |  |  |
| Specify areas of park & time:  |                           |  |                           |  |  |  |  |
| -  | Fro                       |  |                           |  |  |  |  |
|  |                           | om:am/p  |                           |  |  |  |  |
|  | Fro                       | om:am/p  | m To:am/pm                |  |  |  |  |
| EVENT:   |                           |  |                           |  |  |  |  |
| Description  |                           |  |                           |  |  |  |  |
| Open to Public?  | Admission Charge \$       |  | Participants/Spectators # |  |  |  |  |
| Food/Beverage/Goods/Services – Provider Name & Telephone   |                           |  |                           |  |  |  |  |
| Items/Structures Brought to Park   |                           |  |                           |  |  |  |  |
| NAME/CONTACT:  |                           |  | Phone                     |  |  |  |  |
| Organization Name  |                           |  | Cell Phone                |  |  |  |  |
| Address  | Other Phone               |  |                           |  |  |  |  |
| City/State/Zip Code  |                           |  |                           |  |  |  |  |
| Email  |                           |  |                           |  |  |  |  |
| RATE (see worksheet on reverse)  |                           | OFFICE USE ONLY  |                           |  |  |  |  |
| \$Security Deposit   |                           | Facility Rental AgrCalendarCert Ins/Add'l InsCopy Park Officer |                           |  |  |  |  |
| \$Group Fee  |                           |  |                           |  |  |  |  |
| \$Other Fees   |                           | Неа  | alth Dept Lic             |  |  |  |  |
| \$Total Amount Due   |                           | Copy MailedKey Check Out Key Return                            |                           |  |  |  |  |
| I certify that the information contained herein is true and correct. I agree to abide by the Flathead County Special Events Requirements, the Facility Rental Agreement and stipulations of the Permit. Rental is on a first-come first-served basis and dates are reserved by submitting a Permit Application, Facility Rental Agreement, and Security Deposit. Remaining fees and a Certificate of Insurance naming Flathead County as Additional Insured are due 20 business days prior to the event.  **Please bring an approved copy of this document to the event.** |                           |  |                           |  |  |  |  |
| Applicant Signature:   | olicant Signature:Date: _ |  |                           |  |  |  |  |
| Flathead County Signature:   | Date:                     |  |                           |  |  |  |  |

|   |                    | 6am–2pm or 2pm–10p   |                          |  |
|---|--------------------|----------------------|--------------------------|--|
| <b>Group Size</b><br>Under 30                 | Daily Fee<br>\$100 | Half Day Fee<br>\$50 | Security Deposit<br>\$50 |  |
| 30 <b>–</b> 50                                | \$200              | \$30<br>\$100        | \$30<br>\$100            |  |
| 51 – 100                                      | \$300              | \$150                | \$150<br>\$150           |  |
| 101 – 200                                     | \$400              | \$200                | \$200                    |  |
| 201 – 300                                     | \$500              | \$225                | \$250                    |  |
| 301 – 400                                     | \$600              | \$250                | \$300                    |  |
| Group Fees                                    |                    |                      |                          |  |
| \$ Secu                                       | rity Deposit       |                      |                          |  |
| \$ Grou                                       | p Fee # Days       | @ \$                 | Per Day                  |  |
| \$ Set-U                                      | Jp and/or Take-    | Down/Clean-Up        |                          |  |
| \$ Sub-                                       | Total              |                      |                          |  |
| Other Fees: Her                               | ron Park           |                      |                          |  |
| \$# Car                                       | mpsites            | x #Days              | @ \$10                   |  |
| \$# Sta                                       | lls                | x # Days             | @ \$10                   |  |
| \$ Sub-                                       | Total              |                      |                          |  |
| Other Fees: Vol                               | unteer Park        |                      |                          |  |
| \$ Matt                                       | son Pavilion \$5   | 0 – 8 picnic table   | s, capacity 75           |  |
| \$ Chautauqua Pavilion \$25 – 2 picnic tables |                    |                      |                          |  |
| \$ Lacon Pavilion \$25 – 2 picnic tables      |                    |                      |                          |  |
| \$ Sub-                                       | Total              |                      |                          |  |
| Other Fees:                                   |                    |                      |                          |  |
| \$  |                    |                      |                          |  |
| \$ Gran                                       | d Total            |                      |                          |  |
|   |                    |                      |                          |  |
| Payments / Date                               | e / Cash / Checl   | k / Credit Card      |                          |  |
| \$  |                    |                      |                          |  |
| \$  |                    |                      |                          |  |
| \$  |                    |                      |                          |  |
| \$  |                    |                      |                          |  |
| \$  |                    |                      |                          |  |